

Claims Clues

A Monthly Publication of the AHCCCS Claims Department

April, 2000

Electronic Claims Meetings to Be Scheduled

The AHCCCS Administration is making efforts to improve its electronic claims submission (ECS) option for submission of fee-for-service claims.

As part of this effort, AHCCCS will be conducting informational meetings to help fee-for-service providers learn more about the ECS process. Among the topics to

be discussed at the meetings are:

- Technical support
- Assistance in getting started
- Software
- Submission of documentation
- Turnaround time
- On-line claims status verification

Time also will be set aside to answer questions from providers.

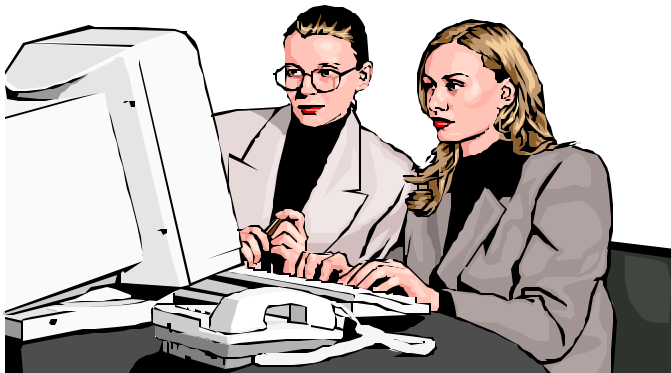
Providers may attend one of these

meeting regardless of whether they currently submit claims

to AHCCCS or any other payer electronically.

Providers who are interested in attending one of these informational meetings should return the attached interest form. There is a section on the form where providers can suggest additional ECS-related discussion topics.

Contingent upon provider interest, meetings are tentatively planned for Phoenix, Flagstaff, and Tucson. Providers will be notified of the date, time, and place of the meetings. . ☐



Interested in learning about electronic claims submission? Return the attached form today!

Special Handling of QMB Only Claims Ends

The AHCCCS Claims Department is no longer special handling claims for QMB Only recipients.

AHCCCS began processing fee-for-service QMB Only claims on October 1, 1999. Prior to October 1, providers were required to send QMB only claims to the TPA.

The AHCCCS Claims Department has been special handling these claims in order to smooth the transition for providers. However, this process has ended, and these claims are now being processed in accordance with the

standard procedures for all fee-for-service claims.

Providers should send QMB only fee-for-service claims to:
AHCCCS Claims

P.O. Box 1700
Phoenix, AZ 85002-1700

Providers should write "QMB Only" on the envelope and include the Medicare EOMB with the claim.

The Medicare coinsurance and deductible, if applicable, must be entered in Field 24K of the HCFA 1500 claim form. Enter the coinsurance first and the

deductible as the second figure.

Providers may not "zero fill" both of these fields. If Medicare denies a claim, AHCCCS will not reimburse the provider.

When submitting a HCFA 1500 claim for a Medicare HMO member, the charges in Field 24F must be the provider's billed charges, not the co-pay amount. The co-pay amount must be entered in Field 24K as coinsurance with a zero entered as the deductible.

Coinsurance and deductible
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Special Handling of QMB Only Claims Ends

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must be entered in Field 41 of the UB-92 claim form using value codes A1 to indicate Part A deductible, A2 for Part A coinsurance, B1 for Part B deductible, and B2 for Part B coinsurance, as applicable.

Providers must enter their AHCCCS provider ID and 2-digit locator code in the "PIN#" section of Field 33 of the HCFA 1500. A facility's AHCCCS provider ID number must be entered in Field

51 of the UB-92.

QMB Only recipients are eligible to receive Medicare-covered services only.

Chapter 7, Page 7-2 of the *AHCCCS Fee-For-Service Provider Manual* incorrectly states that AHCCCS reimburses providers the Medicare deductible and coinsurance for AHCCCS-covered services. The statement should read:

"Providers are reimbursed the Medicare deductible and

coinsurance for Medicare-covered services only."

Providers should make note of this change in their manuals.

All questions regarding QMB Only claims should be directed to the Claims Customer Service Unit at:

- Phoenix area: (602) 417-7670 (Option 4)
- In state: 1-800-794-6862, Ext. 7670 (Option 4)
- Out of state: 1-800-523-0231, Ext. 7670 (Option 4) ☐

Addresses Must Be Entered in Correct HCFA 1500 Fields

H CFA 1500 billers must enter their billing addresses and service

addresses in the appropriate fields on the claim form.

The *service* address must be

listed in Field 32. The provider should enter the *billing* address in Field 33, as shown below. ☐

32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (if other than home or office)

XYZ Hospital
123 Main Street
City, AZ Zip code

33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #

John Smith, MD
999 Center Street, Suite A
City, AZ Zip code
(602) 999-9999

PIN # 123456 01 GRP #

New FFS Rate Schedule to Be Implemented June 1

The AHCCCS Administration will implement its new fee-for-service rate schedule effective June 1, 2000.

Once the fee schedule is implemented, providers may obtain a copy by calling the Claims Customer Service Unit at:

- Phoenix area: (602) 417-7670 (Option 4)
 - In state: 1-800-794-6862, Ext. 7670 (Option 4)
 - Out of state: 1-800-523-0231, Ext. 7670 (Option 4)
- There is a \$30.00 charge for the full fee schedule.

The anesthesia schedule is available for \$15.00, and the DME schedule is available for \$8.00.

There is no charge for the dental schedule.

The schedule also will be available on the AHCCCS Web site at www.ahcccs.state.az.us. ☐

A0888 Limited to Emergency Air Transportation

Only emergency air transportation providers may report non-covered mileage to the AHCCCS Administration using HCPCS code A0888 (Non-covered ambulance mileage, per mile (e.g., for miles traveled

beyond closest appropriate facility)).

NOTE: This code may only be used when billing for services for Medicare members.

Ground ambulance providers are restricted from billing this code

effective with claims for dates of service on and after March 15, 2000.

Ground ambulance providers may use the AHCCCS-specific code Z3655 to report non-covered mileage. ☐



Electronic Claims Meeting



Interest Form

The AHCCCS Administration Claims Department will be conducting informational meetings to help providers learn more about the electronic claims submission (ECS) process. Among the topics to be discussed at the meetings are:

- Technical support
- Assistance in getting started
- Software
- Submission of documentation
- Turnaround time
- On-line claims status verification

If you are interested in attending one of these informational meetings, please return this interest form. You will be notified of the date, time, and place of the meeting. Please return this form to:

AHCCCS Policy/Training Section
Attn: Karen Edgley
Mail Drop 8100
701 E. Jefferson Street
Phoenix, AZ 85034

You also may fax this form to:

AHCCCS Policy/Training Section
Attn: Karen Edgley
(602) 256-1474

Provider Name: _____

Name of contact person: _____ Provider ID: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone: () _____ E-mail: _____

I would prefer to attend a meeting in (please indicate 1st, 2nd, and 3rd choice):

_____ Phoenix _____ Tucson _____ Flagstaff

Number of people who would attend meeting: _____

In addition to the topics listed above, I would like to discuss:
